



Department of Housing and Community Development  
TASO Training and Certification Unit  
Main Street Centre  
600 E. Main Street, 11<sup>th</sup> floor  
Richmond, Virginia 23219-1321  
Telephone: 804.371.7180 Fax: 804.371.7092  
[www.dhcd.virginia.gov](http://www.dhcd.virginia.gov)



### Continuing Education Application for Certified Code Officials and Technical Assistants

#### Directions:

1. Create or update the user profile on the TCU on-line system (required for certification) via the following link:  
<https://dmz1.dhcd.virginia.gov/tcoonlineregistration/Login.aspx>
2. Complete parts 1 - 3 of application.
3. Attach required documentation.
4. Submit to DHCD TASO/TCU via email, fax, or postal mail to above noted address upon completion of total required hours.

Failure to submit a complete and accurate application or to establish a current on-line profile may result in delays or rejection of application. All statements and documentation are subject to further review, investigation, and verification. Please notify the TASO Training and Certification Unit of any changes in address, employment location, and/or work status as well as update your profile on the on-line system with the appropriate information.

#### Part 1: Applicant Information (please type or print)

Name:		
Driver's License Number:		
Home Address:		
Current Employer:		<input type="checkbox"/> Government <input type="checkbox"/> Non-Government
Employer Address:		
Position/Title:		Date of Appointment:
Work Phone:	Cell Phone:	Fax:
E-mail:		

#### Part 2: Continuing Education Record (Please refer to attached Credit Record)

#### Part 3: Required Signature

##### Applicant:

I attest that all information provided by me on this application is true and accurate to the best of my knowledge.  
I understand that falsification of any part of this application may result in denial of active certification status.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

##### For office use only

Date Received:	Date Reviewed:	Staff Initials:
Date Entered:	Date Returned to Applicant:	Year Next Due:
<input type="checkbox"/> Approved	Credit Hours Approved:	<input type="checkbox"/> Denied
<input type="checkbox"/> Application and documentation incomplete <input type="checkbox"/> Education program content does not meet requirement <input type="checkbox"/> Education credit hours do not meet requirement		
Administrative Notes:		

## Part 2: Continuing Education Hours Credit Record

**Applicant Name:** \_\_\_\_\_ **Requirement Period: May 1, 20** \_\_\_\_\_

Education Provider of Program:		
Title of Program:		
Subject or Content:		
Date(s) of Program:		
Total # of Contact Hours:		
Documentation Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of documentation attached:
<i>Office use only:</i>	<i>Credit Hours:</i>	
Education Provider of Program:		
Title of Program:		
Subject or Content:		
Date(s) of Program:		
Total # of Contact Hours:		
Documentation Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of documentation attached:
<i>Office use only:</i>	<i>Credit Hours:</i>	
Education Provider of Program:		
Title of Program:		
Subject or Content:		
Date(s) of Program:		
Total # of Contact Hours:		
Documentation Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of documentation attached:
<i>Office use only:</i>	<i>Credit Hours:</i>	
Education Provider of Program:		
Title of Program:		
Subject or Content:		
Date(s) of Program:		
Total # of Contact Hours:		
Documentation Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of documentation attached:
<i>Office use only:</i>	<i>Credit Hours:</i>	